

Application Data Sheet**Application Information**

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD Disks::
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: AGENT FOR TREATMENT OF
METABOLIC BONE DISEASE
Attorney Docket Number:: MOTOMIYA1
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 3
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Yoshihiro

Middle Name::
Family Name:: MOTOMIYA
Name Suffix::
City of Residence:: Kashihara-shi
State or Province of Residence:: Nara
Country of Residence:: Japan
Street of Mailing Address:: 4-5-16, Naizen-cho
City of Mailing Address:: Kashihara-shi
State or Province of Mailing Address:: Nara
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 634-0804
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Yoshiyuki
Middle Name::
Family Name:: MORIGUCHI
Name Suffix::
City of Residence:: Toshima-ku
State or Province of Residence:: Tokyo
Country of Residence:: Japan
Street of Mailing Address:: c/o Chugai Seiyaku Kabushiki Kaisha of
41-8, Takada 3-chome
City of Mailing Address:: Toshima-ku
State or Province of Mailing Address:: Tokyo
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 171-8545
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Hiroyuki
Middle Name::
Family Name:: OHKAWA

Name Suffix::

City of Residence:: Toshima-ku
State or Province of Residence:: Tokyo
Country of Residence:: Japan
Street of Mailing Address:: c/o Chugai Seiyaku Kabushiki Kaisha 41-8, Takada 3-chome

City of Mailing Address:: Toshima-ku
State or Province of Mailing Address:: Tokyo
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 171-8545

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
This Application	National Stage of	Application::	Date::
		PCT/JP03/07198	06/06/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Japan	165544/2002	06/06/02	Yes

Assignment Information

Assignee Name:: Chugai Seiyaku Kabushiki Kaisha
Street of Mailing Address:: 41-8, Takada 3-chome
City of Mailing Address:: Toshima-ku
State or Province of Mailing Address:: Tokyo
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 171-8545